

REFRACTIVE SURGERY FACT SHEET FOR FLIGHT SCHOOL APPLICANTS

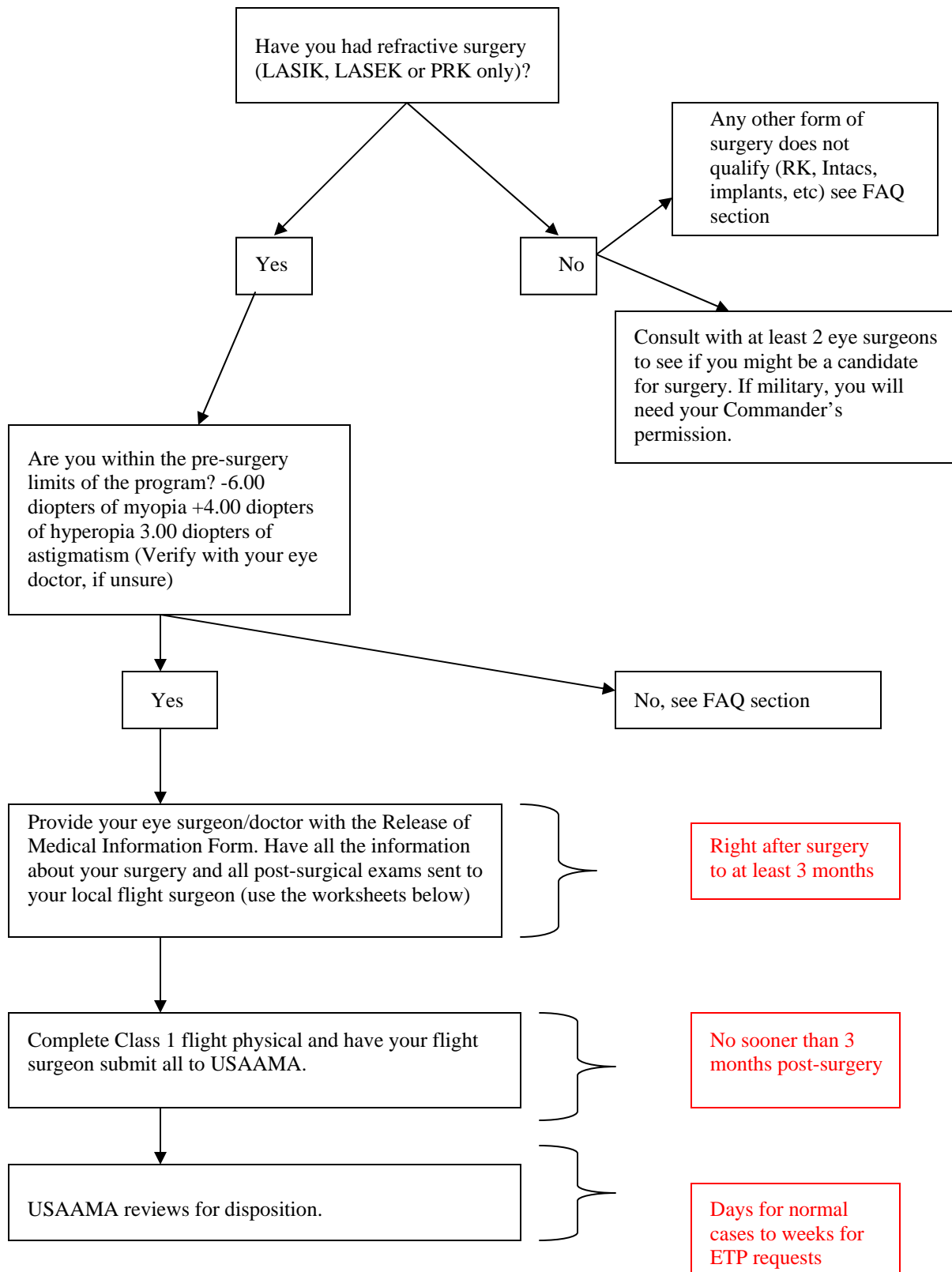
What: LASIK (laser in-situ keratomileusis), LASEK (Laser Subepithelial Keratomileusis), and PRK (Photo Refractive Keratectomy) are now aeromedically acceptable provided the post-surgical outcome meets standards IAW the current Corneal Refractive Surgery APL, revised December 2005. It is important for all applicants to do research on the Internet, or elsewhere, about the differences between the types of surgeries. The US Army Aeromedical Research Laboratory (USAARL) study was initiated in February 2001 and was closed to new applicants as of 1 October 2004. A decision was recently made (8 Dec 2005) by the OTSG (Office of the Surgeon General) to allow LASIK to be accepted along with both LASEK and PRK.

Who: The policy applies to individuals applying for flight training. Active duty, Reserve, National Guard, ROTC, Academy cadets, OCS candidates, and civilians are all eligible to submit a flight physical with a history of refractive surgery. You will need to coordinate with your eye surgeon and/or eye clinic to complete the visual exam forms needed for your waiver request (see "Release of Medical Information" form). You will need to provide this to your flight surgeon to complete the Class 1 flight physical. All must be reviewed and commented prior to submission to the US Army Aeromedical Activity (AAMA) at Fort Rucker for review. Having a qualified physical does NOT guarantee a flight school slot; it only verifies your medical eligibility to apply for flight school given the presence of a refractive surgery procedure. You still need to work through the standard channels to apply to flight school with your recruiter and/or the Aviation branch.

How, When and Where: This section describes the steps you will need to accomplish in order to receive a qualified flight physical given a history of LASIK, LASEK or PRK surgery. 1) Complete the Class 1 flight physical—nothing happens without its completion. 2) Include results of all of the required post-operative tests on Block #73 (remarks) of the DD2808—these are post-surgical cycloplegic refraction, 3 visual acuities and manifests, slit lamp examination demonstrating healing without complication, scarring, or adverse haze, color corneal topography, and low contrast sensitivity visual testing. 3) Submit the physical to AAMA. AAMA will review the entire Class 1 Flight Physical and qualify it if all of the criteria listed below are met along with the rest of the standards. If not meeting all of the post-surgical criteria, the flight surgeon shall submit the physical with an Aeromedical Summary requested an Exception to Policy (see below). Your medical qualification is provided to the board or agency working your flight school application, and you are eligible to compete for the slot. A flow diagram is provided to help you work through the process.

Waiver/Exception to Policy: A waiver or exception to policy is required for applicants failing to meet published standards as outlined in AR 40-501, the Aeromedical Policy Letters, or the Aeromedical Technical Bulletin—this is no different for corneal refractive surgery. Similar to any other medical issue, if not meeting the post-surgical standards, applicants must have their flight surgeon request an exception to policy (ETP), submitted in the form of an Aeromedical Summary. ETPs are reviewed on a case-by-case basis and require longer processing time for review. Not all requests for flight school applicants are granted.

Refractive Surgery Flowchart:



Points of Contact:

USAAMA – 334-255-7430 http://usasam.amedd.army.mil/_aama/index.htm

Recruiting Command www.usarec.army.mil/hq/warrant/warrant.htm

Warrant Officer Flight Training Program (civilians, NG or Res) – 502-626-0467/1554

Active duty (Army, AF, Navy, Marine or Coast Guard) – 502-626-0458

Army Branch Officer applying to aviation needing a branch transfer –

<https://www.perscomonline.army.mil/opavn/Branch%20Transfers.htm>

Aviation Proponency – <http://www-rucker.army.mil/ap/default.htm>

or 334-255-3999/2359

1. Questions about surgery and the eye information

a. If I had a surgery other than PRK, LASEK or LASIK, can I still get an exception to policy? No, radial keratotomy (RK), intrastromal corneal rings (Intacs) or any other type of refractive surgery have not been aeromedically approved.

b. If I have NOT had refractive surgery yet, what do I do? Follow the steps in the flowchart. You should consult at least 2 eye surgeons before deciding to get surgery. It is also important to do individual research as to the pros and cons of each type of surgery.

c. How can I verify if I meet the limits of AR 40-501? Consult with your eye doctor or flight surgeon. He/she will review your current eyeglass or contact lens prescription (if you have not had surgery) or records of your eyeglass or contact lens prescription before surgery (if you have already had surgery). Provide your eye doctor with the limits listed in the flowchart to help them in the review (-6.00 diopters myopia, +4.00 diopters hyperopia, or 3.00 diopters astigmatism).

d. My refraction is outside the limits of AR 40-501, is it still possible to apply for flight school? Possibly—the limit is based on the correction that is programmed into the laser, not your eyeglass prescription, so you may actually be within the limits. Your eye surgeon should be able to provide the required laser information to your flight surgeon. They will review the laser records (or the planned correction the surgeon provides you) and determine whether you are within limits.

e. What information do I need to provide about my surgery and where do I get it? All the information needed is listed on the “Release of Medical Information” form. Provide the form to your eye surgeon and/or the eye doctor who is providing your vision care after surgery. You may have to submit multiple forms to get all of the required information.

1. Surgical Information: Your eye surgeon will need to fill out the information about the laser, the type of surgery and the amount of correction.

2. Manifest Refraction: You will need three post-surgical refractions (measures of any residual prescription) and three visual acuities. This information can be a combination of examinations provided by your surgical center, your optometry office and your flight physical.

3. Corneal Exam (Slit-Lamp Exam): You will need verification that your cornea is clear of haze or any other postsurgical complication. Your eye doctor can provide this information.

4. Corneal Topography: This is the corneal map that shows the shape of your cornea after surgery. You must have a color copy of the map, either mailed, e-mailed, or taken to your flight surgeon. FAX'd versions are currently not acceptable because they come through in black and white.

5. LOW Contrast Sensitivity: This is a measure of your vision under low contrast conditions (5% is the preferred method). Normal low contrast is 20/40 or better, but with

corrective surgery, acceptable limits are 20/60 or better. Ask your eye doctor about availability of a contrast sensitivity or low contrast acuity test in your area. Examples of acceptable tests are:

- VisTech Contrast Grating Test
- Functional Acuity Contrast Test (F.A.C.T.)
- Pelli-Robson Contrast Sensitivity Test
- Bailey-Lovie 10% low contrast acuity chart
- ETDRS low contrast acuity chart (5% is preferred)
- Mentor BVAT low contrast acuity chart (set on 5%)

f. What do I do if a contrast sensitivity or low contrast acuity test is not available in my area? Your packet can be processed without this test, if the other eye information you provide indicates a good outcome from the surgery (specifically the corneal topography and corneal exam). Your local flight surgeon will make this determination. **NOTE:** If not done prior to coming to flight school, you must have it completed with your Rucker flight physical prior to beginning flight training. **Integrity** as a future warrant officer or officer dictates that you disclose this need to the Rucker Physical Exam staff to coordinate having this done. Make sure your eye doctor notes on the form that these tests are not available to you.

g. Where do I send all of my information? Your flight surgeon should collect and submit as much information as possible on AERO. Additional information may be mailed or fax'd to AAMA (USAAMA (MCXY-AER), US Army Aeromedical Center, Building 301, Fort Rucker, AL 36362 or fax **334 255-7030 or 7606**). Note: the color corneal topography, if needed, must be mailed or emailed to aama@amedd.army.mil.

****ATTENTION ALL APPLICANTS: ALL REQUIRED INFORMATION SENT TO USAAMA MUST BE COMPLETE!** You will be subject to a returned/delayed packet if you do not follow these instructions.**

2. Questions about the flight physical

a. How long do I have to wait after surgery to get a flight physical? You should wait at least one month after surgery before starting your flight physical for your vision to stabilize.

b. I already took a flight physical before surgery; do I have to take another physical? No, as long as your initial Class 1 flight physical is still valid (up to 18 months). You **MUST** repeat the eye exam portion of the flight physical after surgery, however, and submit the required information. Coordinate this through your flight surgeon and the supporting eye clinic.

c. I have not taken a general military entrance physical yet; do I have to do that first? Yes, if you have not taken the MEPS, ROTC or other entrance physical, you will have to complete that physical before scheduling your flight physical. The entrance physicals require a 90-day waiting period after refractive surgery. Therefore you will have to wait **3 months** after surgery, take the entrance physical, and then you can schedule to take the flight physical. You will have to coordinate this with your recruiter. Go to the link "Refractive Surgery" on the USAARL website (www.usaarl.army.mil) to find the current Army Surgeon General's policy.

d. I still need to wear glasses after surgery; does that mean I will fail the flight physical? No, as long as you meet the general entry standards for Class 1 which include 20/50 or better uncorrected visual acuity, and no more than -1.50 diopters of myopia or +3.00 diopters of hyperopia or 1.00 diopters of astigmatism. If you are outside of these limits, however, you will need an ETP. You should consult with your eye doctor and flight surgeon if this is the case.